

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Physician Insurers Association of American Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Joseph G. Murphy

Mailing Address P.O. Box 55178

One Financial Center

City

Boston

State

MA

Zip Code

02205-5178

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coverys

Occupation

COO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 05 / 2015

Transaction ID : AB5CEAC1D58554E9E9EB

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Frank B. O'Neil

Mailing Address PO Box 590009

City

Birmingham

State

AL

Zip Code

35259-0009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ProAssurance

Occupation

Senior Vice-President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 18 / 2015

Transaction ID : A20CEFEA80E4F4E1F960

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Ms. Sarah E. Pacini

Mailing Address 333 S. Hope Street

8th Floor

City

Los Angeles

State

CA

Zip Code

90071-3001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cooperative of American Physicians/Mut

Occupation

CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 01 / 2015

Transaction ID : A35BA83F41A614454859

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00